a. 🗆	A check in the amount of \$ to cover the above fees is enclosed.	
b. 🗵	Please charge my Deposit Account No. <u>50-2478(742111-171)</u> in the amount of \$65.00 to cover the above fees. A duplicate copy of this sheet is enclosed.	
c. 🗷	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2478(742111-171). A duplicate copy of this sheet is enclosed.	
d. 🗆	d. D Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.		
SEND ALL CORRESPONDENCE TO:		0. 41.01
		SIGNATURE
Roberts Mlotkowski & Hobbes		David S. Safran
PO Box 10064		NAME
McLean, VA 22102		27.007
		27,997
1		REGISTRATION NUMBER

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